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SIPDIS

SENSITIVE

STATE FOR S/OFFICE OF GLOBAL AIDS COORDINATOR RTOBIAS,
MDYBUL, MMOLONEY-KITTS
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU
HHS/PHS FOR OFFICE OF GLOBAL HEALTH AFFAIRS WSTEIGER
CDC FOR GLOBAL HEALTH OFFICE DBIRX

E.O. 12948: N/A

TAGS: [KHIV](#) [EAID](#) [PREL](#) [SF](#)

SUBJECT: SOUTH AFRICA RESPONSE TO NEW COUNTRY OPERATIONAL
PLAN GUIDANCE

REF: OFFICE OF GLOBAL AIDS COORDINATOR AUGUST 19 NEWS TO
THE FIELD

Sensitive but unclassified. Not for Internet distribution.

1. (SBU) Summary. With fewer than six weeks remaining for completion of 2006 Country Operational Plans, Post was dismayed to receive significantly revised guidance on required program and budget allocations (Ref Email). Post is firmly committed to achieving 25 percent of the Presidents 2-7-10 goals under the Emergency Plan for AIDS Relief as well as to respecting the Emergency Plan legislation. In collaboration with OGAC, we will make every effort to develop a revised plan in compliance with the new guidance. However, we wish to make clear that moving the goalposts in the middle of the game undercuts South Africa's country-appropriate program design, complicates partnerships with implementing organizations and undermines collaboration with the Government. At worst, it potentially harms our ability to achieve our portion of the 2-7-10 goals. It is often said that the Emergency Plan is intended to be a field driven program, yet these important changes were developed without the benefit of consultations at the field level, at least here in South Africa. Post appreciates the efforts of those at OGAC who are working with us to overcome communication challenges between the field and headquarters. End Summary.

2.(U) The South Africa Mission and our inter-agency HIV/AIDS Task Force is firmly committed to achieving our assigned 25 percent of the Presidents 2-7-10 goals under the Emergency Plan for AIDS Relief. The Mission is fully engaged in all of the efforts required for a successful program: developing technically sound plans appropriate for the South Africa context, partnering with competent South African, U.S. and other implementing organizations, nurturing a supportive relationship with the South African Government and engaging constructively with program leadership in Washington and Atlanta for policy guidance. During the first year and a half of Emergency Plan implementation, the South Africa team has made substantial progress in each of these areas and toward the achievement of its designated targets.

3. (U) In light of the efforts underway to achieve Emergency Plan goals, we were dismayed by the recent program guidance from the Office of the Global AIDS Coordinator (OGAC) just as focus countries are completing FY06 country operational plan (COP) submissions (Ref Email). Given the magnitude of South Africa's program in dollars committed (over \$150 million) and implementing partners involved (over 200), we began planning the FY06 COP and budget in May. Our budget table represents the results of discussions with all of our partners and exhaustive inter-agency deliberations to develop a program that is both appropriate for South Africa and meets OGAC objectives, as previously defined.

4. (U) Our Emergency Plan program for FY06 has already been substantially shaped by budgetary requirements. For example, in order to meet previously identified goals, we have not increased programs supporting prevention of mother to child HIV transmission this year despite high levels of mother to child transmission in the country. We have reduced support to counseling and testing (CT) programs in order to reach treatment targets. We have not been able to increase support to palliative care by more than \$500,000, despite the fact that the best anti-retroviral (ARV) treatment programs also include palliative care "wellness" components for HIV positive patients not yet eligible for ARVs.

5.(U) This integration issue makes it extremely

difficult to reach 55% of funding dedicated to treatment because, as integrated treatment programs expand, other supporting program elements such as wellness and CT should expand as well. The newly revised budgetary guidance compounds conflicts between program goals and budgetary mandates. The revised measurement of abstinence and be faithful (AB) targets will require that we increase funding support to AB programs at the expense of other prevention programs. Similarly, the new stricter insistence on 55% of funding dedicated to ARV treatment can only be accomplished by further reductions in other areas. We were reassured at the annual Emergency Plan meeting in May and in the prior version of the COP guidance that As was the case last year, you are not required to meet the 55% treatment earmark. Instead, focus countries were instructed to show continued progress toward this result.

6.(U) The changes to the COP guidance will place additional burdens on our implementing partners, to adjust their programs, recalculate their targets and re-write their largely completed FY06 program plans and COP entries. These additional burdens interfere with service delivery and target achievement and could have been avoided with the timely dissemination of any essential guideline revisions.

7.(SBU) The impact of these changes on our relationship with the South African Government is particularly worrisome. We have overcome significant challenges to build a firm foundation of political and private sector support for the Emergency Plan, with the direct assistance of President Bush and Ambassador Tobias. One of the fundamental principles outlined in these engagements has been our commitment that every Emergency Plan project will contribute to the implementation of the South African Comprehensive Plan. This commitment has been demonstrated through programming decisions, and the resulting trust has facilitated aggressive Emergency Plan implementation in South Africa. The recent guidance cannot be cast as fully consistent with the strategy of the South African Government, and we will not have time to coordinate it with the Government and NGOs, making it difficult to argue that we are truly partners.

8.(SBU) Program design and budget requirements have caused us to reduce the overall percentage of our program dedicated to prevention from 22% in FY05 to 17% in FY06. Under the newly adjusted budget, the aggregate amount of country funding committed to prevention is just about level from FY05 to FY06, while other programs, particularly treatment, will expand considerably. The South African Government has criticized the Emergency Plan for what they view as an overly strong emphasis on treatment, and is vocal on the need for the Emergency plan to maintain an emphasis on prevention programs consistent with the South African Government's comprehensive ABC approach. We can work with the South Africans to coordinate our views and activities, but not with less than six weeks notice.

9.(U) Comment. Post is firmly committed to achieving 25 percent of the Presidents 2-7-10 goals under the Emergency Plan for AIDS Relief as well as to respecting the Emergency Plan legislation. We have identified changes required to meet the revised AB guidelines, and OGAC has expressed a willingness to accommodate South Africa on the stricter treatment target. However, we wish to make clear that moving the goalposts in the middle of the game undercuts South Africa's country-appropriate program design, complicates the Missions partnerships with implementing organizations and potentially undermines US collaboration with the South African Government. At worst, it potentially undercuts our ability to achieve our portion of the 2-7-10 goals. Post appreciates the efforts of those at OGAC who are working with us to overcome communication challenges between the field and headquarters. We trust that the way forward will continue to include field leadership in program design as we all work together to achieve the Presidents goals. End Comment.

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